

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

	Application Number	09/839,581
	Filing Date	April 20, 2001
	First Named Inventor	Fred Allegrezza
	Group Art Unit	2623
	Examiner Name	Christopher L. Perry
	Attorney Docket Number	BPCUR0001FA (C1)

## ENCLOSURES

**(check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Restriction Requirement</li> <li><input type="checkbox"/> Associate Power of Attorney</li> <li><input type="checkbox"/> RCE</li> <li><input type="checkbox"/> Copy of Notice to File Missing Parts</li> </ul> <hr/> <hr/>
Remarks <input checked="" type="checkbox"/> Electronic Filing		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature	/Philip H. Burrus, IV/		
Date	February 11, 2009		

## CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:  
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Typed or printed name	Philip H. Burrus, IV	
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	Date	February 11, 2009